Docket	No.:	
--------	------	--

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Method for making a card with multiple con-

tact tips for testing microsphere integrated circuits, and testing device using described and claimed in international application number PCT/FR01/02411

filed 24 July 2001

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations \$1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

French Patent Application no 0009930, filed on 28 July 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor André BELMONT nitial Family Name Inventor's Signature 2002 Date of Signature Residence La Batie Divisin FRANCE State CI Province Country French Citizenship Post Office Address Hameau Le Temple

(Insert complete mailing address, including country)

te to Inventor: Please sign page on line 2

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE Q

said

(Discard this page in a sole inventor application)

5	· 00				
1	Typewritten Full Name of Joint Inventor	Laurent	ROBERT		
2	Inventoria Gianatura	Given Name Middle Initial	Family Name		
3	Inventor's Signature	25 Rehamon 2002			
3	Date of Signature	25 February 2002	FRANCE		
	Residence Voiron City	State or Province	Country		
	Citizenship French				
	Post Office Address Clos Bérard Bate, 4, rue Brunetiere				
. 5	(Insert complete mailing) address, including cou				
3-0	Typewritten Full Name				
•	of Joint Inventor	Abdel, Nacer	AIT MANI		
2	Transaction of the state of	Given Name Middle Initial	Family Name		
2	Inventor's Signature	25 February 2002			
3	Date of Signature	rtin d'Hères	FRANCE		
	Residence Saint Ma	State or Province	Country		
	Citizenship French	beace of flovince	Country		
	Post Office Addr	ess 9, rue Gay	· · · · · · · · · · · · · · · · · · ·		
1 2 3	(Insert complete mailing address, including country)	00 20400 Crist Martin dillores (ED)			
	_	ntry)			
1	Typewritten Full Name of Joint Inventor				
lour.		Given Name Middle Initial	Family Name		
2	Inventor's Signature		-		
3	Date of Signature				
Ĩ.	Residence				
额	City	State or Province	Country		
	Post Office Addr		****		
	(Insert complete mailing	ng			
	address, including cour	ntry)			
1	Typewritten Full Name of Joint Inventor				
e same Tamar	or Joint Inventor	Given Name Middle Initial	Family Name		
2[4	Inventor's Signature		rumrry nume		
3	Date of Signature				
	Residence				
	City	State or Province	Country		
	Citizenship				
	Post Office Addre				
	address, including cour				
1	Typewritten Full Name of Joint Inventor				
2	Inventor's Signature	Given Name Middle Initial	Family Name		
3					
J	Date of Signature				
	Residence City	State or Province	Country		
	Citizenship				
	Post Office Addre	ess	**····		
	(Insert complete mailing address, including coun	· 🔻 🔥			
	address, metaging cour	ntry)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.